

CIA INTERNAL USE ONLY

SECRET

(When Filled)

REPLY

PERSONALITY (201) FILE REQUEST

TO RI/ANALYSIS SECTION		DATE 1/15/59	ACTION <input checked="" type="checkbox"/> OPEN <input type="checkbox"/> AMEND <input type="checkbox"/> CLOSE	
FROM <input type="checkbox"/> <input type="checkbox"/>		ROOM NO. 2211 K	TELEPHONE 528	
<p>INSTRUCTIONS: Form must be typed or printed in block letters.</p> <p>SECTION I: List 201 number, name and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write UNKNOWN for items you are unable to complete.</p> <p>SECTION II: List cryptonym or pseudonym, if assigned. If true name is sensitive, obtain 201 number from 201 Control Desk and complete Section I and Section III. On a separate form, enter the 201 number and complete Section II and Section III. Submit each form separately.</p> <p>SECTION III: To be completed in all cases.</p>				
SECTION I				
SENSITIVE <input type="checkbox"/> <input checked="" type="checkbox"/> NONSENSITIVE NAME (Last) <u>BRUECKNER, ERNST</u> (Middle) <u>COPY TO BE</u> (First) <u>RECEIVED</u> (Name Variant) <u>BRUECKNER, ERNST</u>		1. SOURCE DOCUMENT		
2. (Last) <u>BRUECKNER, ERNST</u> (Middle) <u>RECEIVED</u> (First) <u>DELETED</u>		3. (Name Variant) <u>BRUECKNER, ERNST</u>		
SECTION II				
4. PHOTO <input type="checkbox"/> 5. BIRTH DATE <u>09-12-09</u> 6. COUNTRY OF BIRTH <u>GERM</u> 7. CITY OR TOWN OF BIRTH <u>MAGDEBURG</u> 8. OTHER IDENTIFICATION		9. OCC/POS. CODE <u>1 H ZH</u>		
OCCUPATION/POSITION <u>Member, W. Germ. Intel Service, Nordrhein-Westfalen</u>		10. CRYPTONYM <u>WGSTFALEN</u>		
11. PSEUDONYM		12. COUNTRY OF RESIDENCE <u>WGER</u>		
13. ACTION DESK <u>EE/G/L</u>		14. SECOND COUNTRY INTEREST		15. THIRD COUNTRY INTEREST
COMMENTS: <u>at: West Germany</u> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">PUNCHED</div> <div style="text-align: right;">(act)</div>				
PERMANENT CHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO		RESTRICTED FILE <input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE
201 -				

Form No. 831 Use previous editions.

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DECLASSIFIED AND RELEASED BY
 CENTRAL INTELLIGENCE AGENCY
 SOURCE/METHOD/EXEMPTION 3B2B
 NAZI WAR CRIMES DISCLOSURE ACT
 DATE 2008